



# Blayney Shire Council

## DISCHARGE OF LIQUID TRADE WASTE APPROVAL

### APPLICATION FORM - A

This application form is for businesses that intend to discharge certain low risk ('Concurrence Classification A') liquid trade wastes to the sewerage system. Please include all details as requested. When finished, return this form to Council, including attachments.

#### **Business activity**

Please indicate the nature of your business. Please refer to the accompanying list 'Liquid Trade Waste – business activity classifications'. Include more than one activity if appropriate.

| # | Activity | No. of seats/beds (as applicable) |
|---|----------|-----------------------------------|
|   |          |                                   |
|   |          |                                   |
|   |          |                                   |
|   |          |                                   |
|   |          |                                   |

Please indicate if your premise contains the following:

| Item                      | Yes                      | No                       | Number |
|---------------------------|--------------------------|--------------------------|--------|
| Potato peeling appliances | <input type="checkbox"/> | <input type="checkbox"/> |        |
| Dishwasher/s              | <input type="checkbox"/> | <input type="checkbox"/> |        |

#### **1. Normal hours of business**

|                  | Start | Finish |
|------------------|-------|--------|
| Monday to Friday |       |        |
| Saturday         |       |        |
| Sunday           |       |        |

#### **2. Description of flow**

|                                    |  |  |  |
|------------------------------------|--|--|--|
| Maximum rate of discharge to sewer |  |  |  |
| Maximum daily discharge to sewer   |  |  |  |

#### **3. Water supply meter**

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Is the supply of water to this business metered? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, what is the meter number?                |                          |     |                          |    |

#### 4. Existing/proposed pre-treatment equipment

Please provide details of the proposed pre-treatment equipment, including manufacturers specifications, drawings etc.

| Type                                      | Tick                     | Size | Design/Manufacturer | Flow Rate |
|---|--------------------------|------|---------------------|-----------|
| 1. Grease arrestor                        | <input type="checkbox"/> |      |                     |           |
| 2. Dry basket arrestor with fixed         | <input type="checkbox"/> |      |                     |           |
| 3. Sink screen/strainer                   | <input type="checkbox"/> |      |                     |           |
| 4. Fixed or removable mesh screen         | <input type="checkbox"/> |      |                     |           |
| 5. Coalescing plate interceptor or        | <input type="checkbox"/> |      |                     |           |
| 6. Vertical gravity separator             | <input type="checkbox"/> |      |                     |           |
| 7. Hydrocyclone separation system         | <input type="checkbox"/> |      |                     |           |
| 8. Cooling pit                            | <input type="checkbox"/> |      |                     |           |
| 9. Balancing, averaging, neutralising     | <input type="checkbox"/> |      |                     |           |
| 10. General purpose pit                   | <input type="checkbox"/> |      |                     |           |
| 11. Solids settlement pit / silt arrestor | <input type="checkbox"/> |      |                     |           |
| 12. Baffled settlement pit                | <input type="checkbox"/> |      |                     |           |
| 13. Lint screen                           | <input type="checkbox"/> |      |                     |           |
| 14. Plaster arrestor                      | <input type="checkbox"/> |      |                     |           |

#### 5. Proposed cleaning schedule (if applicable)

Please provide details of the proposed cleaning schedule of the designated pre-treatment equipment and names of the licensed contractor who will perform the work.

| Pre-treatment equipment | Frequency (Weeks) | Contractor | Licence |
|-------------------------|-------------------|------------|---------|
|                         |                   |            |         |
|                         |                   |            |         |
|                         |                   |            |         |

#### 6. Location of sampling point (if applicable, provide a site plan)

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| Office Use      |                      |                              |                             |
|-----------------|----------------------|------------------------------|-----------------------------|
| APPLICATION No. | Information Complete | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Council Details  |  |
|--|--|
| Address: Blayney Shire Council<br>91 Adelaide Street, BLAYNEY NSW 2799<br>PO Box 62 BLAYNEY NSW 2799 | Website: <a href="http://www.blayney.nsw.gov.au">www.blayney.nsw.gov.au</a><br>Email: <a href="mailto:council@blayney.nsw.gov.au">council@blayney.nsw.gov.au</a><br>Phone: (02) 6368 2104<br>Fax: (02) 6368 3290 |